

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001537
360 STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 1002 Registrar's No.

FILED FEB 6 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Charles A. Kendall MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN INDEPENDENCE MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON CO. HOSP.		d. STREET ADDRESS (If outside, give location) SABIDURY RD.	
3. NAME OF DECEASED (Type or print) First CLARENCE Middle G Last DENTON		4. DATE OF DEATH Month 1 Day 19 Year 63	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 16 - 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) RICHMOND-MO
13a. FATHER'S NAME WILLIAM S. DENTON		13b. MOTHER'S MAIDEN NAME FLORENCE CRAVENS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address 39 W. N. MAIN 806 CHESTER BUTTERWORTH K.C. 16-MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hemorrhage DUE TO (b) Prostatectomy DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 wk	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from 1-19-62 to 1-19-62 and last saw her alive on 1-19-63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 1-21-63	
22a. SIGNATURE Charles A. Kendall MD		22b. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-22-63	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PK.	23d. LOCATION (City, town, or county) (State) K.C. MO
24. FUNERAL DIRECTOR H. TIGERMAN & Son's - K.C. MO		25. DATE RECD. BY LOCAL REG. 1-21-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. LeRoy Mooney

Licensed Embalmer No.

4776

P. O. Address

K. C. Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.